MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041560 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10807

FILED NOV 7 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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2092051 DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT

ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STEIN

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO.
Length of stay in 1b 2Y Days.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.#1
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Charles
c. CITY OR TOWN Foristel
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Box 124 Foristel, Mo
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CLARA Middle E. Last HERZINGER

4. DATE OF DEATH Month 10 Day 29 Year 63

5. SEX Female
6. COLOR OR RACE Cau.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-3-1892
9. AGE (last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Sanders
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Lorenzo (Ray)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dat
16. SOCIAL SECURITY NO. (Unknown)
17. INFORMANT Betty Duvall Address 23 Fordyce Lane Ladue, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) infarction of small bowel
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized peritonitis
DUE TO (c) 570.2
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/28/63 6:57 PM to 10/29/63 and last saw her him alive on 10/29/63
Death occurred at 11:25PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Martin D. Stein (Degree or title) MD
22b. ADDRESS 1515 LAFAYETTE
22c. DATE SIGNED 10/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-1-63
23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS McLaughlin 2301 Lafayette Ave. St. Louis 4, Missouri
25. DATE RECD. BY LOCAL REG. OCT 31 1963
26. REGISTRAR'S SIGNATURE Hoad Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.